

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: Estate of _____

Case Number: _____
(if known)

MOTION FOR COMMISSIONER OF INSOLVENCY

1. Fiduciary Name _____ Telephone _____

Mailing Address _____

Fiduciary Name _____ Telephone _____

Mailing Address _____

2. Attorney Name _____ Telephone _____

Mailing Address _____

3. Based on the following statement of debts and assets, the fiduciary believes it is in the best interest of all parties to administer the estate as insolvent.

STATEMENT OF DEBTS AND ASSETS

DEBTS

A. Debts against the estate, per schedule attached \$ _____

B. Funeral expenses \$ _____

C. Allowance to widow \$ _____

D. Estimated expenses of administration \$ _____

TOTAL ESTATE DEBTS	\$
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ASSETS

A. Real and personal property per inventory \$ _____

B. Income earned from all sources \$ _____

C. Personal property not appraised \$ _____

TOTAL ESTATE ASSETS	\$
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TOTAL DEFICIT	\$
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I request that this estate be ordered to be administered as insolvent and that

_____ whose mailing address is _____

be appointed commissioner of the estate.

Date

Fiduciary Signature

Date

Fiduciary Signature

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MOTION FOR COMMISSIONER OF INSOLVENCY

ORDER

☐ Motion is granted. Warrant to issue.

☐ Motion is denied.

Date

Judge